

# PRISONER'S ACKNOWLEDGEMENT OF SEX OFFENDER REGISTRATION REQUIREMENTS

## PRIVACY ACT STATEMENT

**AUTHORITY:** Public Law 105-119, section 115(a)(8); 10 U.S.C. 951 (Note).

**PRINCIPAL PURPOSE(S):** To notify an offender of the requirement to register upon release from confinement with state authorities as a sex offender and to record the inmate's acknowledgment of receiving notice of and information pertaining to the requirement. To obtain an offender's expected place of residence following release.

**ROUTINE USE(S):** To State and local law enforcement authorities for purposes of notification that a sex offender will be residing in a local community and to State or local officials for purposes of registering the individual as a sex offender.

**DISCLOSURE:** Voluntary. Failure to provide an expected place of residence may result in denial of your request for parole or delay your release from confinement.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Full Name - Last, First, Middle) (Rank) (Service) (Social Security Number)  
was convicted and sentenced for the commission of ☐ a sexual offense ☐ sexual offenses ☐ an offense involving a minor.

I have been informed that I will be released from confinement on or about: \_\_\_\_\_.  
(YYYYMMDD)

I certify that upon release from confinement I will reside at the following address:

\_\_\_\_\_  
(Street, Apartment Number)  
\_\_\_\_\_  
(City, State, and ZIP Code)

I hereby acknowledge that I was informed that upon my release from confinement, I am subject to registration requirements as a sex offender in any State or U.S. territory in which I will reside, be employed, carry on a vocation, or be a student. I was further informed that the chief local law enforcement officer of the jurisdiction in which I will reside upon release from confinement is being provided written notice of the date of my release from confinement, the offense(s) of which I was convicted, and that I am subject to a registration requirement as a sex offender. A similar notice will also be submitted to state law enforcement and sex offender officials. I understand that I must contact the office that follows, to ensure that sex offender registration requirements are met:

\_\_\_\_\_  
(Organization)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, and ZIP Code) \_\_\_\_\_  
(Telephone Number)

I acknowledge that I was informed that every change in my address must be reported in the manner provided by State law. I also acknowledge being informed that if I move to another state, I must report the change of address to the responsible agency in the state I am leaving, and comply with the registration requirements in the new state of residence. I understand that the failure to register may constitute grounds to revoke parole.

Finally, I understand that if I fail to register and/or change or update such registration information as required under a State sex offender registration program, I may be subject to criminal prosecution.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**WITNESS:** \_\_\_\_\_  
(Signed Name)  
\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Rank) \_\_\_\_\_  
(Service)

**PRISONER:** \_\_\_\_\_  
(Signed Name)  
\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Rank) \_\_\_\_\_  
(Service)